Recipient Committee Campaign Statement Cover Page	Type or print in	ink.		LIFORNIA 460 2001/02 FORM
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period 61/01/07 61/	(Month, Day, Year)	COUNTY CLERK	e 1 of 17 For Official Use Only
State Candidate Election Committee ○ Recall (Also Complete Part 5) ☐ General Purpose Committee ② Sponsored ○ Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored uso Complete Part 6) rimarily Formed Candidate/ officeholder Committee uso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Quarterly St ☐ Special Odd ☐ Supplement	atement I-Year Report al Preelection Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) FRESNO COUNTY PROSECUTORS ASSOCIA STREET ADDRESS (NO P.O. BOX) 2220 TULARE STREET, SUITE 1000 CITY STATE ZIP CO	DE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER GABRIEL L. BRICKEY MAILING ADDRESS 2220 TULARE STREET, SUITE CITY FRESNO NAME OF ASSISTANT TREASURER, IF AN	STATE ZIP CODE CA 93721	· AREA CODE/PHONE 559-488-31411
FRESNO CA 9372 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	ox	CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on Date Executed on Date	a that the foregoing is true and correct. By	Signature of Controlling Officeholder, Candidate, State Measure	sponsible Officer of Sponsor Proponent	rue and complete. I certify

	COVERP	AGE-PART 2
	FORNIA DRM	460
Page _	2	of17

Officeholder or Candidate Controlled Con	mmittee	6.	Primarily Formed Ball	ot Me asure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or state measu	re proponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT	
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT I	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offic	ceholder Committee	List names of
NAME OF TREASURER	YES NO		officeholder(s) or candidate(s) for which th	is committee is primarily i	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE 2	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	U. BUAJ					1
CITY STATE Z	IP CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

from _____01/01/07 CALIFORNIA FORM 460

SUMMARY PAGE

06/30/07 through ___ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER FRESNO COUNTY PROSECUTORS ASSOCIATION PAC 1229294 Calendar Year Summary for Candidates Column A Column B Contributions Received CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 0.00 0.00 1/1 through 6/30 7/1 to Date 0.00 0.00 0.00 0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _ Received 0.00 0.00 21. Expenditures 0.00 0.00 Made **Expenditures Made Expenditure Limit Summary for State** 0.00 0.00 Candidates 0.00 0.00 22. Cumulative Expenditures Made* 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/vv) 0.00 0.00 0.00 0.00**Current Cash Statement** 57.26 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ To calculate Column B. add 0.00 amounts in Column A to the corresponding amounts 0.00 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 0.00 report. Some amounts in Column A may be negative 57.26 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 0.00for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** 0.00 18. Cash Equivalents See instructions on reverse \$ _____ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCH	C (**) 11	C /

CALIFORNIA

Statement covers period

inonetai y	Contributions reconved	to	whole dollars.	from	01/01/07	F	ORM 460
SEE INSTRUCTION	ONS ON REVERSE			through	06/30/07	Page	4 of17
NAME OF FILER				F		I,D. NU	
FRESNO	COUNTY PROSECUTORS ASSOCIATION PAC			·		12292	294
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED TH PERIOD	IIS CALE	ATIVE TO DATE NDAR YEAR 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
	-	☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 0.	.00		the second
1. Amount re	A Summary eceived this period – itemized monetary contributions. all Schedule A subtotals.)		\$_	0.	00		
•	eceived this period – unitemized monetary contribution			0.	.00		(e.g., business entity)
3. Total mon	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Colu			0.	00		Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 01/01/07			CALIFORNIA 460				
through	06/30/07	Page	5 of	f17			

NAME OF FILER
FRESNO COUNTY PROSECUTORS ASSOCIATION PAC

1.D. NUMBER 1229294

SCHEDULE A (CONT.)

I INCOMO						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PÉRIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTALS	0.00		college of the second

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received		Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from01/01/07		SCHE CALIFORN FORM	IA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRESNO COUNTY PROSECUTORS AS	CSOCIATION DAG				through 06	5/30/07	Page 6 I.D. NUMBER 1229294	of
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (#FCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOL	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID S FORGIVEN	s	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
				\$FORGIVEN	s	RATE %	\$	\$ PER ELECTION*
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUÉ	s	DATE INCURRED	\$
				\$FORGIVEN	_ s	% RATE	s	\$PER ELECTION*

SUBTOTALS \$

0.00 \$

Schedule B Summary

†□ IND □ COM □ OTH □ PTY □ SCC

(Enter (e) on Schedule E, Line 3)

0.00

DATE DUE

0.00 \$

0.00 \$

1.	Loans received this period		\$_	0.00
	(Total Column (b) plus unitemized loans of less than \$100.)			
2.	Loans paid or forgiven this period		\$_	0.00
	(Total Column (c) plus loans under \$100 paid or forgiven.)		·	
	(Include loans paid by a third party that are also itemized on Schedule A.)			
3.	Net change this period. (Subtract Line 2 from Line 1.)	NET	\$_	0.00
٠.	Enter the net here and on the Summary Page, Column A, Line 2.			(May be a negative number)

†Contributor Codes

DATE INCURRED

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

(g) CUMULATIVE CONTRIBUTIONS TO DATE CALENDAR YEAR

PER ELECTION **

PER ELECTION **

PTY - Political Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Type or print in ink.

SCHEDUL	.EB-F	PART 2
---------	-------	--------

Loan Guarantors		Amounts may be rounded to whole dollars.			ent covers perio 01/01/07	d CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE				through _	06/30/07	Page	7 of <u>17</u>
NAME OF FILER						I.D. NUMBE	R
FRESNO COUNTY PROSECUTORS ASS	SOCIATION PAC					1229294	
FULL NAME, STREET ADDRESS AND	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	LOAN		AMOUNT	CUMULATIVE	BALANCE

O OCCUPATION OF THE CONTRACT O					1220201	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER		CALENDAR YEAR	
	□сом			_	\$	
	□отн	_	DATE	_	PER ELECTION	
	_ 				(IF REQUIRED)	
	□scc	-		_	\$	
	□IND		LENDER		CALENDAR YEAR	
	□сом	1			s	
	_ пто П	-	DATE	—	PER ELECTION (IF REQUIRED)	İ
	□PTY		CATE		(/ 1.2.5./ (2.5)	
	□scc	-		_	s	
					CALENDAR YEAR	
	□IND		LENDER			
	□сом			İ	\$ PER ELECTION	
	□отн	-	DATE		(IF REQUIRED)	
	□PTY					
	□scc	-		_	s	
			LENDER		CALENDAR YEAR	
	☐ IND				s	
	СОМ	-			PER ELECTION	
	□OTH		DATE		(IF REQUIRED)	
	☐ PTY	-		-		
	scc				\$	
			SUBTOTA	AL \$ 0.00	Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO COUNTY PROSECUTORS ASSOCIATION PAC

TINEDITO	0001111110020010101000000111	0111710					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
Attach ad	tach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 0.00						

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	0.00
2. Amount received this period - uniternized nonmonetary contributions of less than \$100	\$	0.00
3. Total nonmonetary contributions received this period	T ———	

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC - Small Contributor Committee

*Contributor Codes

Schedule D **Summary of Expenditures Supporting/Opposing Other** Candidates, Measures and Committees

Type or print in ink. Amounts may be rounded to whole dollars.

		SOI ILDULL D		
Statement covers period	CALIFORNIA	460		
from01/01/07	FORM	400		
through06/30/07	Page 9	of17		
	I.D. NUMBER			
	4000004			

SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRESNO COUNTY PROSECUTORS ASSOCIATION PAC 1229294 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) OR COMMITTEE Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose Contribution Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support Oppose SUBTOTAL \$ 0.00 **Schedule D Summary** 0.00 0.00 2. Unitemized contributions and independent expenditures made this period of under \$100\$ 0.00

Schedule D (Continuation Sheet) Type or print in ink. **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **Supporting/Opposing Other** 01/01/07 from Candidates, Measures and Committees 06/30/07 through NAME OF FILER I.D. NUMBER FRESNO COUNTY PROSECUTORS ASSOCIATION PAC 1229294 CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE DESCRIPTION TYPE OF PAYMENT AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION, CALENDAR YEAR (IF REQUIRED) **PERIOD** OR COMMITTEE (JAN, 1 - DEC, 31) ☐ Monetary Contribution □ Nonmonetary Contribution Independent ☐ Support Expenditure □ Oppose ☐ Monetary Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose ☐ Monetary Contribution

> ☐ Nonmonetary Contribution ☐ Independent

> > Expenditure

Expenditure

Contribution ☐ Nonmonetary Contribution ☐ Independent

Support

☐ Support

Oppose

Oppose

SUBTOTAL \$ 0.00 FPPC Form 460 (January/05)

SCHEDULE D (CONT.)

PER ELECTION

TO DATE

(IF REQUIRED)

FORM

Page.

Schedule E	
Payments Made	

Type or print in ink.
Amounts may be rounded

	SCHEDULEE
Statement covers period	CALIFORNIA ACO
from01/01/07	FORM 400
through06/30/07	Page 11 of 17
	I.D. NUMBER
	1229294

Payments Made	to whole do	to whole dollars.			from01/01/07			FORM TOO	
					ough	06/30/07	Page	11 of 17	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Through						I.D. NUM			
FRESNO COUNTY PROSECUTORS ASSOCIATION PAC						122929	4		
CODES: If one of the following codes accurately describes		•	er the code. C						
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member come MTG meetings and		3		RAD radio airtime and production costs RFD returned contributions				
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expen PET petition circul			SAL TEL	SAL campaign workers' salaries TEL t.v. or cable airtime and production costs			•	
FIL candidate filing/ballot fees	PHO phone banks	J		TRC	TRC candidate travel, lodging, and meals			•	
FND fundraising events ND independent expenditure supporting/opposing others (explain)*	, .	survey researd very and mes	:h :senger services	TRS TSF		ouse travel, lodo		ne candidate/sponsor	
LEG legal defense	PRO professional		al, accounting)	VOT	voter r	egistration			
LIT campaign literature and mailings	PRT print ads	ŀ		VVIE	3 Informa	ition technology	costs (internet, e	-maii) 	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	R .	DESCRIPTION	ON OF PAY	MENT		AMOUNT PAID	
									
						 			
* Payments that are contributions or independent expenditures r	nust also be summ	arized on Se	hedule D.				SUBTOTAL\$	0.00	
Schedule E Summary				-					
-	1. Itemized payments made this period. (Include all Schedule E subtotals.)						0.00		
2. Unitemized payments made this period of under \$100\$					0.00				
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column (e).)				\$	0.00	
4. Total payments made this period. (Add Lines 1, 2, and 3. E	nter here and on tl	he Summar	y Page, Co l un	nn A, Line 6	6.)		. TOTAL \$_	0.00	

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHEDULE E	(CONT.)
------------	---------

Statement covers period

CALIFORNIA to whole dollars. **FORM** 01/01/07 **Payments Made** from 06/30/07 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER FRESNO COUNTY PROSECUTORS ASSOCIATION PAC 1229294 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads information technology costs (internet, e-mail) WEB NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 0.00

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.		trom	01/07	SCHEDULE LIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRESNO COUNTY PROSECUTORS ASSOCIATION PAGE			through06/		ge 13 of 17 NUMBER 29294
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns inces search messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate travi TRS staff/spouse tr TSF transfer betwee VOT voter registrati	and production costs ibutions kers' salaries rtime and production of el, lodging, and meals avel, lodging, and me en committees of the	als same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

Schedule F Summary

1.	 Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	3 \$.	0.00
2.	 Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	3 \$.	0.00
	3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	Γ\$,	0.00

Schedule F	
(Continuation Sheet	t)
Accrued Expenses	(Unpaid Bills)

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from01/01/07	CALIFORNIA 460
through06/30/07	Page 14 of 17
	I.D. NUMBER
	1229294

FRESNO COUNTY PROSECUTORS ASSOCIATION PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment,

COL	DES. If one of the following codes accurately describe	s me	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	РЮ	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
பா	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period 01/01/07 CALIFORNIA FORM 460

from	01101101	FORM TO
through	06/30/07	Page 15 of 17
		I.D. NUMBER
		1229294

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO COUNTY PROSECUTORS ASSOCIATION PAC

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	5 paymont, you may onto the paymont.								
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs				
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions				
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries				
CVC	civic donations	Pt: T	petition circulating	TEL	t.v. or cable airtime and production costs				
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals				
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals				
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		transfer between committees of the same candidate/sponsor				
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration				
ШΤ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)				

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		-		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

				SCHEDULE H					
Schedule H Loans Made to Others*	Amounts m	print in ink. ay be rounded le dollars.		Statement covered trom 01/	vers period 01/07	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE					through06	5/30/07	Page16	of	
NAME OF FILER					-		I.D. NUMBER		
FRESNO COUNTY PROSECUTORS A	SSOCIATION PAC						1229294		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT ()F COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(¢) REPAYMENT (FORGIVENES THIS PERIO	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE	
				☐ PAID				CALENDAR YEAR	
				\$ FORGIVEN	_ s		s	\$ PER ELECTION**	
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$FORGIVEN	_ \$	RATE	s	\$ PERELECTION**	
		s	\$	\$	DATE DUE	s	DATE INCURRED	s	
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.		SUBTOTALS	\$ 0.00	\$ 0.0	0.00	\$ 0.00			
						(Enter (e) on Schedule I, Line 3)	and the property spectrum and magnetic	THE RESERVE THE PROPERTY OF THE PARTY OF THE	
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)	•••••••••••••••••••••••••••••••••••••••			\$	0.00		**If Required	
Payments received on loans (Total Column (c) plus unitemized paym		***************************************			\$	0.00	_		
3. Net change this period. (Subtract Line (Enter the net here and on the Summar	2 from Line 1.)y Page, Column A, Line 7.)	······	•••••		NET \$	0.00 y be a negative number)) -		

Schedule I Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from01/01/07	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERS	ne.		through06/30/07	Page of
NAME OF FILER	DC			1.D. NUMBER
FRESNO COUNTY PR	ROSECUTORS ASSOCIATION PAC			1229294
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional inform	nation on appropriately labeled continuation sheets.		SUBTOTA	. L.\$ 0.00
Schedule I Summa	· ·		. 0	00
	to cash this period		\$	00 00
	es to cash of under \$100 this period			
	eceived this period on loans made to others. (Sc		\$\$	<u>00</u>
4. Total miscellaneous Summary Page, Lin	increases to cash this period. (Add Lines 1, 2, e 14.)	and 3. Enter here and on the	TOTAL \$0.0	00

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		20 F	FORNIA 460 01/02 ORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period 07/01/07 12/31/07	Date of election if applicable: (Month, Day, Year)	DIVIT CLERK	1 of 17 or Official Use Only
	through	77	DEPUTY	
State Candidate Election Committee ○ Recall (Also Complete Part 5) ② General Purpose Committee ② Sponsored ○ Small Contributor Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	Quarterly State Special Odd-Y Supplemental Statement - At	ear Report
1 COMMITTED INTOFMATION	D. NUMBER 1229294 ATION PAC	Treasurer(s) NAME OF TREASURER GABRIEL L. BRICKEY MAILING ADDRESS 2220 TULARE STREET, SUITE 1	000	
STREET ADDRESS (NO PO. BOX) 2220 TULARE STREET, SUITE 1000	· · · · · · · · · · · · · · · · · · ·	CITY FRESNO	STATE ZIP CODE CA 93721	AREA CODE/PHONE 559-488-3141
FRESNO CA 9372	1 559-488-3131	NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	90X	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		<u> </u>
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By Signature of contract.	Signature of Controlling Officeholder, Candidate, State Measure Proposers of Controlling Officeholder, Candidate,	sible Officer of Sponsor	and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Prop	onent	PDC Earn 460 / January/05)

COVER PAGE - PART 2										
CALI F	FORNIA ORM	4	160							
Page_	2	of_	17							

	Committee	6. Pr	marily Formed Bal	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NÁ	ME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	D DISTRICT NUMBER IF APPLICABLE)	BAI	LOT NO. OR LETTER	JURISDICT	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO AND STRE	EET) CITY STATE ZIP	lde	ntify the controlling o	fficeholder, ca	ındidate, or state me	easure pr	oponent, if ar
	_	NA	ME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive	OF	FICE SOUGHT OR HELD	<u> </u>	DISTR	ICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER		<u> </u>				
NAME OF TREASURER	CONTROLLED COMMITTEE?		imarily Formed Cai ceholder(s) or candidate				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER	NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT
	I II LES II NO						
COMMITTEE ADDRESS STREET ADDRESS (I							

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO COUNTY PROSECUTORS ASSOCIATION PAC

TRESNO COUNT FROSECUTORS ASSOCIATION FAC						1229294
Contributions Received		Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		COlumn B CALENDAR YEAR TOTAL TODATE	Running in Both	ummary for Candidates n the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.00	General Election	
2. Loans Received Schedule B, Line 3		0.00_		0.00		1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Eynenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	. \$	0.00	\$	0.00	Made \$	\$
Expenditures Made	·				Expenditure Lin	nit Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	0.00	Candidates	
7. Loans Made Schedule H, Line 3		0.00		0.00	22 Cumul	ative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	·	\$	0.00		ect to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0,00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	0.00	\$	0.00		\$
Current Cash Statement						 \$ <u></u>
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B, add		
13. Cash Receipts Column A, Line 3 above		0.00		nounts in Column A to the rresponding amounts		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0,00	fro	m Column B of your last	*Amounts in this secti reported in Column B.	on may be different from amounts
15. Cash Payments Column A, Line 8 above		0.00		oort. Some amounts in lumn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	57.26	fig	ures that should be btracted from previous		
If this is a termination statement, Line 16 must be zero.			pe	riod amounts. If this is first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only my over the amounts		
Cash Equivalents and Outstanding Debts		0.00	fro an	m Lines 2, 7, and 9 (if y).	ĺ	
18. Cash Equivalents		0.00				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Toll-Free He	FPPC Form 460 (January/05) Ipline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink. Amounts may be rounded

SC	ਘਵ	D1	Ħ	۸

Monetary Contributions Received			s may be rounded whole dollars.	Statement co	vers period /01/07	CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through1	2/31/07	Page	4 of17
AME OF FILER				<u> </u>		I.D. NU	MBER
FRESNO	COUNTY PROSECUTORS ASSOCIATION PAC					12292	294
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	: F AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$			
. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	0.00	IND		
	ceived this period – unitemized monetary contributions			0.00	ОТІ	H - Other ((e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur			0.00		/ - Political C - Small C	Party Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole d		Statement cov from 07/0	CALIFORNIA 460 FORM 17 Page 5 of 17			
NAME OF FILER		· ····· <u>-</u> ···· ·		through'		Page _		
	COUNTY PROSECUTORS ASSOCIATION PAC					1.D. NUI 12292		
DATÉ RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR \ (JAN. 1 - DEC	ÆAR	PER ELEC TO DAT (IF REQUI	ΓE
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		IND COM OTH PTY SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 0.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

•		Type or print in					SCHE	DULE B-PART 1
Schedule B – Part 1 Loans Received	Amo		Statement cov	vers period 01/07	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE					through12	2/31/07	Page 6	of17
NAME OF FILER				<u></u>			I.D. NUMBER	
FRESNO COUNTY PROSECUTORS AS	SOCIATION PAC						1229294	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(°) AMOUNT PAIC OR FORGIVEI THIS PERIOD	N. CLOSE OF THIS	(•) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TODATE
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	. \$	RATE	\$	\$ PER ELECTION***
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID	•	%	,	CALENDAR YEAR
				FORGIVEN	. •	RATE	•	PER ELECTION ***
↑ IND COM OTH PTY SCC		s	s	s	DATE DUE	\$	DATE INCURRED	s
				PAID				CALENDAR YEAR
				\$FORGIVEN	. \$	RATE %	\$	\$ PER ELECTION***
		1.		- CACOLVER				LIVELEGIIGH
TO IND COM OTH PTY SCC			•	<u> </u>	DATE DUE		DATE INCURRED	*
		SUBTOTALS \$	\$ 0.00	\$ 0.00	0.00	\$ 0.00	0	
Schedule B Summary						(Enter (e) on Schedule E, Line 3))	
1. Loans received this period	***************************************	******************		\$	0.00	_		
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period	,			. \$	0.00	li	†Contributor Codes IND – Individual COM – Recipient Co	

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

SCHEDULE B-PART 2 Schedule B - Part 2 Type or print in ink. Statement covers period Amounts may be rounded **CALIFORNIA Loan Guarantors** to whole dollars. 07/01/07 **FORM** from 12/31/07 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER FRESNO COUNTY PROSECUTORS ASSOCIATION PAC 1229294 IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND AMOUNT BALANCE CONTRIBUTOR OCCUPATION AND EMPLOYER CUMULATIVE ZIP CODE OF GUARANTOR LOAN **GUARANTEED** OUTSTANDING CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD TO DATE CALENDAR YEAR LENDER **□IND** СОМ PER ELECTION □отн DATE (IF REQUIRED) □ PTY □scc CALENDAR YEAR ☐ IND LENDER ПСОМ PER ELECTION ∏ОТН DATE (IF REQUIRED) □ PTY □scc CALENDAR YEAR LENDER ☐ COM **PERELECTION** □OTH (IF REQUIRED) DATE □ PTY □scc CALENDAR YEAR

□ COM

□OTH

☐ PTY

LENDER

DATE

SUBTOTAL \$

PER ELECTION

(IF REQUIRED)

Enter on Summary Page, Une 17 only.

0.00

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/07 CALIFORNIA 460 FORM 460 through 12/31/07 Page 8 of 17

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

FRESNO COUNTY PROSECUTORS ASSOCIATION PAC

						<u> </u>	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach add	ditional information on appropriately label	ed continuati	on sheets.	SUBTOTAL \$	0.00		

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	0.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100		
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	AL \$	0.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule D **Summary of Expenditures Supporting/Opposing Other** Candidates, Measures and Committees

Type or print in ink. Amounts may be rounded

	SCHEDULE
Statement covers period	CALIFORNIA ACO
from07/01/07	FORM 400
through12/31/07	Page 9 of 17
	I.D. NUMBER
	4220204

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRESNO COUNTY PROSECUTORS ASSOCIATION PAC CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose Monetary Contribution Nonmonetary Contribution Independent Expenditure Support ☐ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure Support ☐ Oppose SUBTOTAL \$ 0.00 Schedule D Summary 0.00 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ______\$ 0.00 0.00

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/07

through 12/31/07

Page 10 of 17

I.D. NUMBER

1229294

FRESNO COUNTY PROSECUTORS ASSOCIATION PAC 1229294 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TODATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) **OR COMMITTEE** Contribution ■ Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose ☐ Monetary Contribution ■ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose Contribution ■ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose Contribution Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose 0.00 SUBTOTAL \$

Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULEE
Statement covers period	CALIFORNIA ACO
from07/01/07	FORM 400
through12/31/07	Page11 of17
	I.D. NUMBER
	1229294

SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRESNO COUNTY PROSECUTORS ASSOCIATION PAC CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations petition circulating t.v. or cable airtime and production costs candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals FND fundraising events polling and survey research independent expanditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE AMOUNT PAID OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 0.00 Schedule E Summary 0.00 1. Itemized payments made this period. (Include all Schedule E subtotals.)......\$ 0.00 0.00 0.00

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE	E (CONT.)
----------	-----------

CALIFORNIA 4 CO

Statement covers period

Payments Made		to whole dollars.				07/01/07	FOF	_{RM} 400	
	NSTRUCTIONS ON REVERSE					thro	ugh 12/31/07	Page	12 of 17
	RESNO COUNTY PROSECUTORS ASSOCIATION PAG	3						122929	
OMP CNS CTB CVC FIL	• • • • • • • • • • • • • • • • • • • •	MBR	member com meetings and office expen petition circu phone banks polling and s postage, del	munications d appearance ses lating survey resea ivery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committee	on costs s coduction cost and meals g, and meals ees of the sa	me candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
								- · · · · · · · · · · · · · · · · · · ·	

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER				1.D. Nt	JMBER
FRESNO COUNTY PROSECUTORS ASSOCIATION PAGE	C			1229)294
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned conti SAL campaign wor TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr TSF transfer betwee VOT voter registrat	and production costs ributions kers' salaries intime and production co el, lodging, and meals ravel, lodging, and meal een committees of the s	s ame candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	<u> </u>			<u> </u>	

Schedule F Summary	
Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$	0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$	0.00 May be a negative number

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/07 CALIFORNIA 460 FORM 12/31/07 Page 14 of 17

I.D. NUMBER

1229294

SCHEDULE F (CONT.)

NAME OF FILER

FRESNO COUNTY PROSECUTORS ASSOCIATION PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

	431122022
Statement covers period 07/01/07	CALIFORNIA 460
through 12/31/07	Page 15 of 17

WEB information technology costs (internet, e-mail)

I.D. NUMBER

1229294

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRESNO COUNTY PROSECUTORS ASSOCIATION PAC

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals MD independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration

PRT print ads

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE (OR .	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

				_				SCHEDULE I
Schedule H Loans Made to Others*	Type or print in ink. Amounts may be rounded to whole dollars.			Statement co	overs period //01/07	california 460		
SEE INSTRUCTIONS ON REVERSE					through1	2/31/07	Page 16	of17
NAME OF FILER	···			<u></u>			I.D. NUMBER	· · · · · ·
FRESNO COUNTY PROSECUTORS A	SSOCIATION PAC						1229294	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT (FORGIVENES THIS PERIOD	S CLOSE OF THIS	DECEMEN	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				FORGIVEN	_ \$	RATE %	\$	PER ELECTION***
		\$	5	\$	DATE DUE	\$	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	_ \$	RATE	\$	\$
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.		SUBTOTALS	\$ 0.00	\$ 0.00	0.00	\$ 0.00		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans			·····	······································	\$	0.00	- [**If Required
Payments received on loans (Total Column (c) plus unitemized paym		,		••••••	\$	0.00	-	
3. Net change this period. (Subtract Line (Enter the net here and on the Summar					NET \$	0.00 lay be a negative number	Г	

Schedule I Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers per 07/01/07 from 12/31/0		CALIFORNIA 460 FORM 17 of 17		
EE INSTRUCTIONS ON REVERS IAME OF FILER	SE		through 12/3 1/0	Pa	ge of NUMBER		
	ROSECUTORS ASSOCIATION PAC				292 94		
DATE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DE	ESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH		
				·			
:							
Attach additional inform	nation on appropriately labeled continuation sheets.		SI	UBTOTAL \$	0.00		
					-		
Schedule I Summa 1. Itemized increases to	ry o cash this period		s	0.00			
	s to cash of under \$100 this period.			0.00			
	eceived this period on loans made to others. (Sch			0.00			
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2, a	nd 3. Enter here and on the		0.00			

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)